LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 91390024301

Issued 07/23/91
Expires 01/23/92

ESTABLISHMENT

BRAD SOUTHWICK
T7N R8E SEC 8 QTR SW

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

BRAD SOUTHWICK
701 E 4TH ST
HICKMAN NE 68372

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
7/25/91	PAID

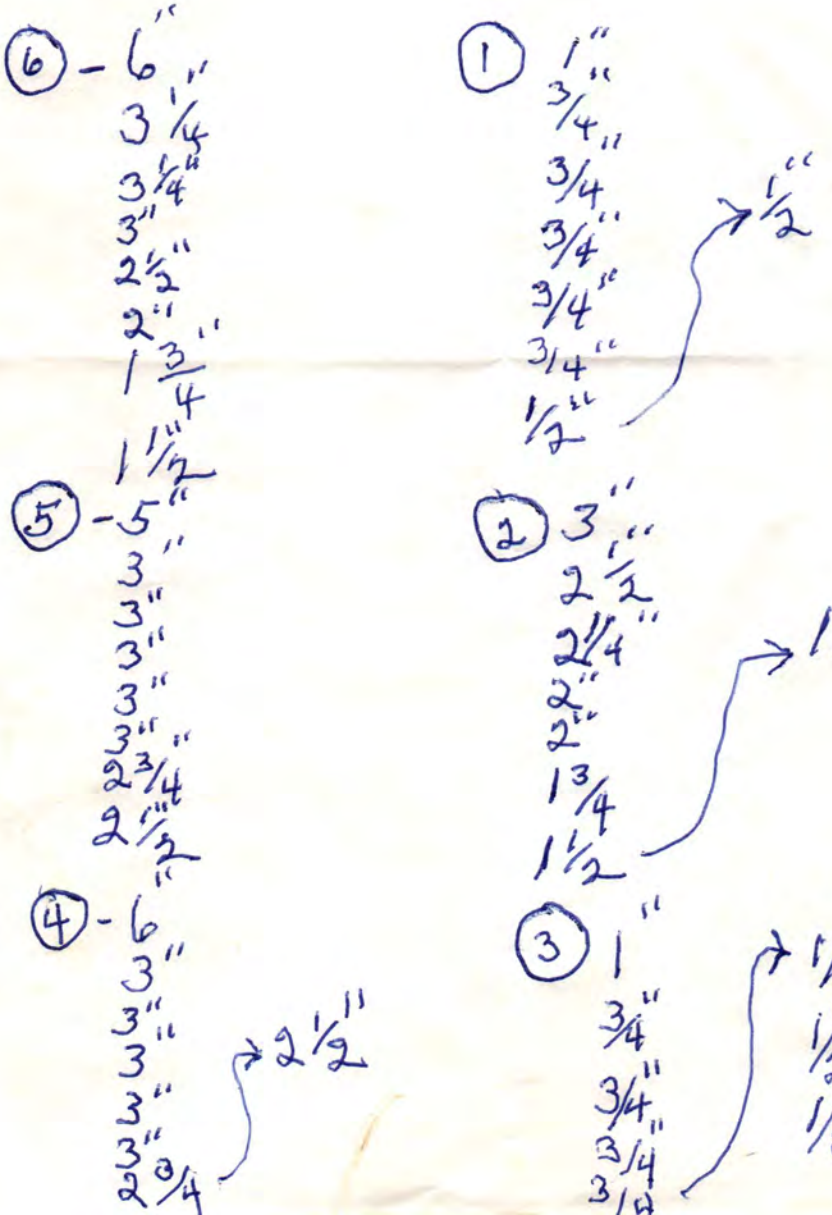
THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

Pe+K Test - 1/2 hr. Intervals

July 24, 1991

21/min/in
124' more

S ↑



FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO._____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 5-21-90

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 7N ; Range 8E ; Section 8 SW/4 ;
Block_____; Lot_____; Addition_____
Street Address 130 & Olive Creek Rd.

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. Bedrooms 3
Describe_____
Other Use ☐
Describe_____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☐; Other ☒ open end pipe

4. Description of proposed alteration, extension or repair: Install Septic Tank and Lateral

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Southwick Sewer & Dozer
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	

Arman Malchow by Brad Southwick
Signature of Applicant (owner or lessee)

RFD Hickman Hickman, Ne 68372
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ 50.00

2. Site Visits:
Date: 8/7/91 by: J. C. Hood
Date: 8/8/91 by: J. C. Hood
Date:_____ by:_____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/23/91 by: J. C. Hood

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 8-91

FILE NO. _____

Armin Matchow
120 & Olive Creek Rd.

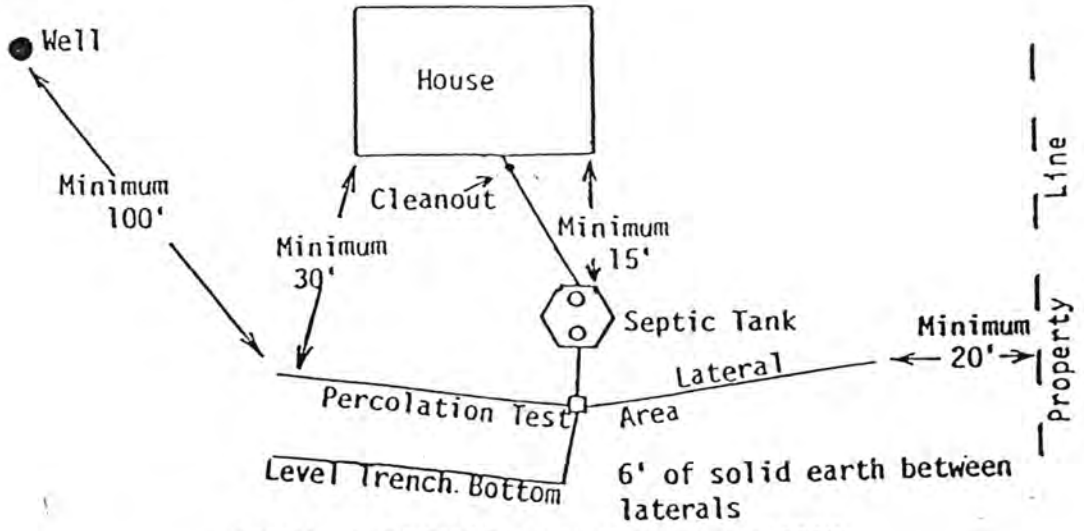
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 3" in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 85 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line >100 ft.; Stream NA ft.; Pressure Line NA ft.; Property Line NA ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1,000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. 12 in.
Over Outlet; diam. 12 in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 16 in.
8. Distances to:
Well or Suction Line >100 ft.; Stream NA ft.; Pressure Line NA ft.; Property Line NA ft.

C. DISTRIBUTION BOX:
1. Material PVC; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 8 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round 4" or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 94, 70, 60, _____, _____ ft.;
Total length of laterals 224 ft.;
Distance between lateral lines 20 ft.
3. Trench dimensions: Width 3 ft.;
Slope 3 in/100 ft.; Average Depth _____ in.
4. Filter Material: Road Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line >100 ft.; Stream NA ft.; Pressure Line NA ft.; Property Line NA ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

010

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOA

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

This form must be completed and returned to re

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address Rt 1, Box 167 Hickman NE

Twp 7N Range 8E Section 8 1/4 ___ 1/4 ___ Block ___ Lot 1 Addition ___

Directions to Property take S 68th St going South of Hickman to shoppard of the hill church turn East a go through hollrod to 120th, turn South a go 1 mile a turn East 1st house on the Nth side.

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Dale Baty	Rt 1, Box 167 Hickman NE	792-9365
Tenant/Buyer:			
Return to:	FIRST ~~MORTGAGE~~ COMMERCE SAVINGS ATTN: JERRY PESEK	~~SUITE 100~~ 126 N. 11th ~~[illegible]~~ ST., LINCOLN, NEBRASKA	434-4570 ~~[illegible]~~

Signature of Applicant Dale Baty Address Rt 1, Box 167 Hickman NE 68372 Date 12/1/93

HEALTH DEPARTMENT USE ONLY

Date Received 12/1/93 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 11/2/93

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☑	☐	Approved ☐	Date___/___/___by___
Bacteria	☑ 0 /ml	☐ ___ /ml	Provisional ☑	Date___/___/___by___
Nitrate	☑ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date___/___/___by___

Comments: PORTIONS OF THE SEPTIC SYSTEM PREDATE REGULATIONS HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION. MIGHT BE WISE TO FILL IN SUNKEN SPOTS OVER THE LATERALS AS SURFACE WATER CANNOT STAND ON THE LATERAL FIELD. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☑ **SEWAGE DISPOSAL SYSTEM** Approved: ☐ Provisional Approval: ☑

Approved by Jerrold C. Hood R.E.H.S. Date 12/7/93

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

017

'93 DEC -3 P12:05

'93 DEC -2 P1:32

REPORTED

RECEIVED

WATER MICROBIOLOGY

STATE LAB NO. 1430794

COMPLETE INFORMATION BELOW

DATE COLLECTED 12 (MO.) 2 (DAY) 93 (YEAR) 11:55A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DALE BATY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 8 TWNSHP 7 N RANG E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

☒ THE WATER MEETS BACTERIOLOGICAL STANDARD

☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD

☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*

*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:

☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT

☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY JW

FOR ACCOUNTING USE ONLY

LWB 91

'93 DEC -2 P1:32

REPORTED

'93 DEC -7 P2:15

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 1517874

DATE COLLECTED 12 (MO.) 2 (DAY) 93 (YEAR) 11:55 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DALE BATY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 8 TWNSHP 7 N RANGE 8 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N less than 0.1 mg/l

NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY DLF

FOR ACCOUNTING USE ONLY

LWN 86

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-780

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LO

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 7-1-91

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 7N ; RANGE 8E ; SECTION 8 ; BLOCK ____

LOT 1 ; ADDITION _____ ; Street Address R.R.1 Box 167 Hickman, Ne. 68372

Directions to Property Take S. 68th St. going South of Hickman to Shepard of the Hills church, turn East & go through Holland to 120th St. Turn South, go 1 mile, & turn East. You'll be at the corner of the property. It's the 1st one onethe N. side of road.

Location of Well 60' from house Tap Location: Inside ☐ Outside ☒

Location of Sewage System 90 feet from house Year Installed well 1940 sewer 1990

	NAME	ADDRESS	PHONE
Present Owner:	Armin Malchow	R.R.1 Box 167 Hickman, Ne.	792-2899
Tenant/Buyer:	SAME	Call after 4:30 to reach owner	
Return to:	First Commerce Savings P.O. Box 80036 Lincoln, Ne. 68501 Jerry Pesek		483-2868

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Jerry Pesek Address P.O. Box 80036 Lincoln, Ne. 68501

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HEALTH DEPARTMENT USE ONLY

Date Received JULY 2, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE JULY 3, 1991 8/8/91 by J. C.H.

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☐	☒	Approved:	☐	Date 7/3/91	by J.C.H.
Bacteria	☐	☒	Provisional:	☐	Date 7/29/91	by J.C.H.
Nitrate	☐	☒	Disapproved:	☒	Date 8/7/91	by J.C.H.

Comments: CHECK FOR PERMIT FOR SEWAGE WORK. NO PERMIT, NO INSPECTION FOUND OUT 7/8/91. NEED PERMIT AND DRAWING OF WORK. AMOUNT OF LATERAL MAY BE INADEQUATE. See Attached Letter ☐

NITRATE TOO HIGH. NEED MINOR CONCRETE WORK AND SEALER AROUND WELL CASING. BACTERIAL CONTAMINATION IN WELL. 7/29/91 New well. OLD WELL MUST BE PROPERLY ABANDONED. J.C.H

FINAL STATUS 8/7/91 well abandoned J.C.H

WATER SYSTEM: Approved: ☒ SEWAGE DISPOSAL SYSTEM: 8/8/91 Sewage work done J.C.H Approved: ☐ Provisional Approval: ☒

APPROVED BY Jerrold C. Hood R.S. DATE AUGUST 8, 1991

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act, - Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

BECAUSE PORTIONS OF SEWAGE SYSTEM WERE INSTALLED PRIOR TO REGULATIONS AND THE WORK DONE IN 1990 WAS DONE WITHOUT A PERMIT OR INSPECTION APPROVAL IS PROVISIONAL.

BIOLOGICAL EXAMINATION OF DRINKING WATER

NEW WELL COUNTY

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 7/29/91 (9-16) 2:20PM HR BY J.C. Hood (17-28)

ADDRESS OR LOCATION LOT I.T., SEC. 8, T7N, R8E (29-41)
ARMIN MALCHOW

NAME AND ADDRESS OF OWNER
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA
68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 141-16431 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE MF (69-75)

ANALIZED BY CC (76-79)

IN 29 P3:39

OUT 91 JUL 30 P1:41

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 7/3/91 2:29 P.M. (9-16) MO./DAY/YR./HOUR BY L. C. Hood (17-28)

ADDRESS OR LOCATION LOT 11 I.T., SEC. 8, T 7N, R 8E (29-41)

NAME AND ADDRESS OF OWNER ARMIN MALCHOW

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 141-14235 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 45 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE MF (69-75)

ANALIZED BY AP (76-79)

IN

OUT

WATER CHEMISTRY

STATE LAB NO. 151-4172

COMPLETE INFORMATION BELOW

DATE COLLECTED 7 (MO.) 29 (DAY) 91 (YEAR) 2:20 p.m. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ARMIN MALCHOW

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 8 TWNSHP 7 N RANGE 8 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

REPORTED

RECEIVED

'91 JUL 29 P3:57

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE – N less than 0.1 mg/l

NOT TESTED BECAUSE OF:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY ET

FOR ACCOUNTING USE ONLY

LWN 86

WATER CHEMISTRY

STATE LAB NO. 15-3757

COMPLETE INFORMATION BELOW

DATE COLLECTED 7 (MO.) 3 (DAY) 91 (YEAR) 2:29PM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ARMIN MALCHOW

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 8 TWNSHP 7 N RANGE 8 E

REPORTED

RECEIVED

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 122.2 mg/l

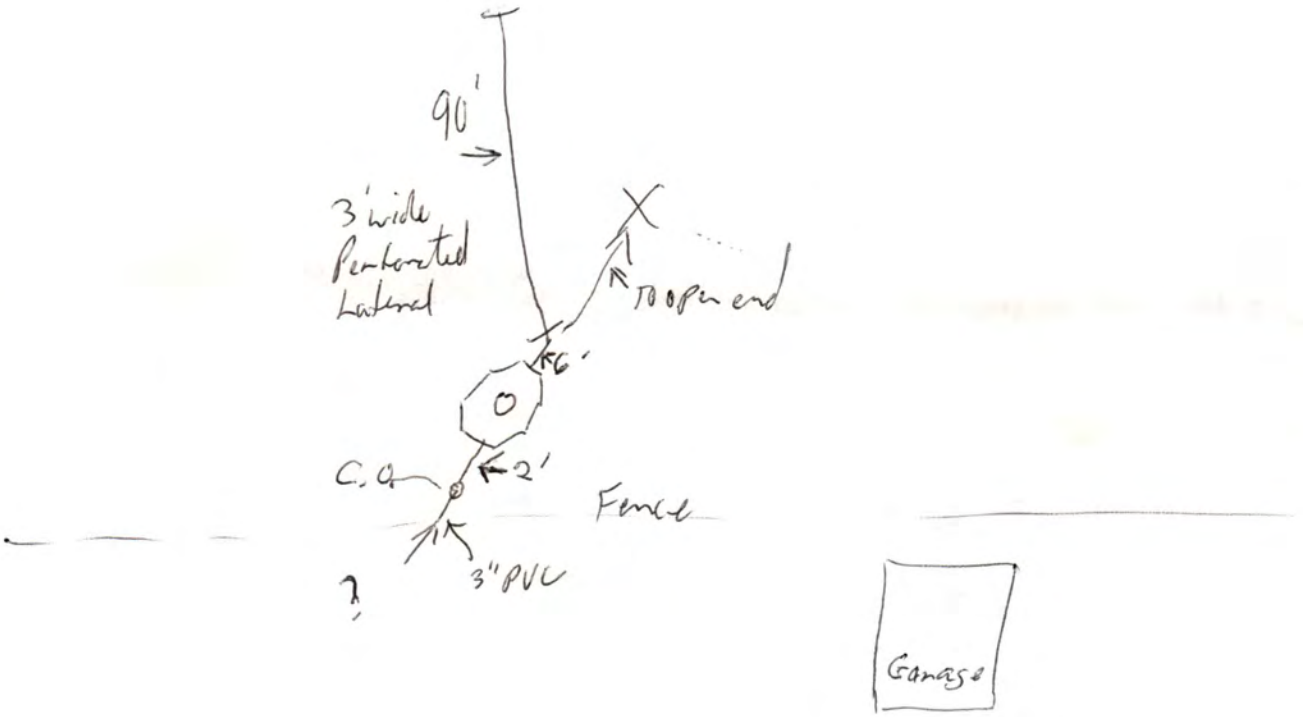
NOT TESTED BECAUSE OF:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

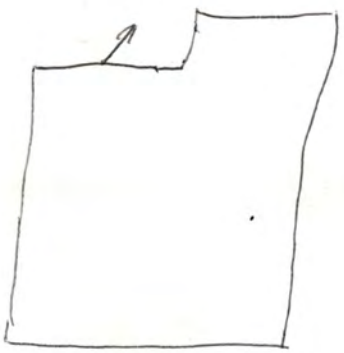
TEST(S) BY

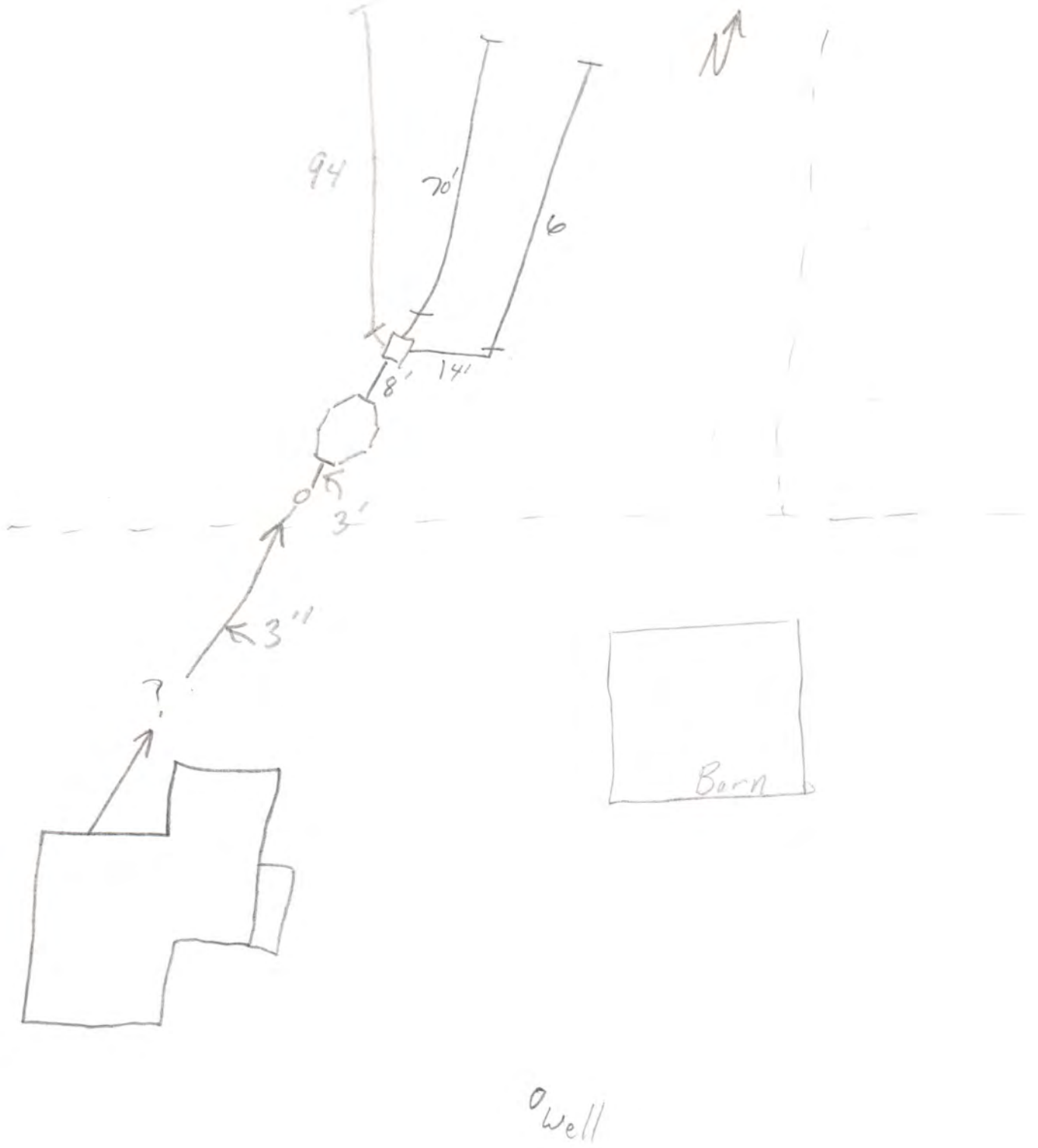
FOR ACCOUNTING USE ONLY

LWN 88

JUL -3 P3:18


90'
3' wide
Perforated
Lateral
To open end
6'
C.O.
2'
Fence
3" PVC
?
Garage





Southwick Sewer / Drain